



Mental Health Update

May 19, 2006

New Interagency Agreement for Children

On May 1, 2006, a kickoff event was held to introduce the new Interagency Agreement between the Department of Education and the Agency of Human Services. The Child, Adolescent and Family Unit of the Division of Mental Health played a key role in the introduction of this agreement that, in practice, expands Act 264.

Act 264 is a law that entitles children to a coordinated service plan that includes mental health, education, family services and families. The Interagency Agreement broadens the group of providers who participate in and contribute to case planning for eligible children. With the interagency agreement, children and their families can now access coordinated plans that include but are not limited to, developmental services, alcohol and drug abuse programs, traumatic brain injury programs and pre and post adoption services. There is no doubt that the most effective way to ensure that a child is receiving what he or she needs to be successful is through collaboration and this is just another step toward getting the appropriate players to the table. There were over 200 participants, including many local interagency teams throughout the state in attendance.

Pediatric Primary Care and Mental Health Services Integration

On May 11th and 12th the Child, Adolescent and Family Unit participated in a conference held at the Wyndham Burlington Hotel on Child Psychiatry for the Primary Care Clinician. The conference was sponsored by the University of Vermont College of Medicine, in alliance with Fletcher Allen. The purpose of the conference was to provide primary care physicians and providers with tools and knowledge to address mental health concerns with their patients in their practice, recognize symptoms, understand medication management and gauge progress in treatment.

The Child Adolescent and Family Unit had a booth available that detailed many of the primary care and mental health services collaboration models around the state. There were eight different models represented at the booth including information about the community mental health centers and their core capacities. These models included the psychiatric consult to Primary Care Practices model, mental health clinicians or social workers co-location in primary care practices model, and models involving mental health agencies having satellite offices within practices.

We also provided a presentation in the breakout sessions for primary care providers on the system of care for children and adolescents being served in Vermont. It was a great opportunity to continue the connections between primary care and mental health and we

look forward to growing this approach to providing early intervention, consultation and increased mental health service access for children, adolescents and their families.

FUTURES PROJECT

Futures: Facilities (Architecture) Work Group

AHS staff will present the Facilities Work Group with an overview options for a new psychiatric inpatient program on the FAHC campus at its meeting on May 22nd. The presentation by AHS will be the first opportunity for a work group of the Futures Advisory Committee to hear and discuss the challenges and benefits of different campus locations. Frank Pitts, principal architect for A+ on the Futures project, has worked with AHS, BGS, and Futures staff in collaboration with Fletcher Allen to conduct the initial site evaluation phase of the planning process for locating the primary inpatient program to replace VSH in an integrated fashion with other medical disciplines. This task is extremely challenging given the constraints on the medical center campus, including space, parking, permitting, infrastructure, costs, neighborhood considerations, uncertainties of the hospital's future bed replacement plans.

Futures: Advisory Committee

At its May meeting, AHS Secretary Cindy LaWare delivered opening remarks in which she clearly articulated the role of the group, her own management style, and expectations for excellence, respect, and integrity among all involved in the Futures planning process.

The Advisory Committee reviewed the draft recommendations of the actuarial study by Milliman, Inc., providing AHS with valuable input for working with the actuaries to complete their analysis in a number of critical areas. Milliman has been sent a written summary of issues that need to be addressed in order to fulfill the terms of their contract for the actuarial study.

The Advisory Committee also focused on the issue of coercion. In a wide-ranging discussion, it was agreed to further develop a framework for understanding how to reduce coercion and involuntary treatment as part of the Futures vision for a transformed mental health system of care. Advisory Committee members also were advised of encouraging progress being made in planning a community residential program in Williamstown. The consortium of designated agencies planning the project continues to receive calls from local residents inquiring about job opportunities.

VERMONT STATE HOSPITAL CENSUS

The Vermont State Hospital Census was 49 as of midnight Wednesday night. The average census for the past 45 days was 49.2.